

We need to keep our mailing list current. Please fill out all information and be sure to include your email address and website (if you have one.) Thank you.



Maui Association of Landscape Professionals (MALP) 2015 Member Application

Name: _____ Date: _____

Business Name: _____
Certification or _____
Contractor Number: _____
Address: _____

Phone Numbers:
Business: _____ Home: _____ Fax: _____

E-Mail: _____ Mobile: _____

Website: _____

New Membership: _____ Renewal: _____

Dues are \$45. per year, per person. Number of Members: _____ x \$45. each = _____

Amount Enclosed: _____

Would you like to be included in the Membership Directory? Yes: _____ No: _____

Directory Member Category (check all that apply to your business):

Landscape Maintenance _____	Landscape Design _____
Landscape Contractor _____	Irrigation Design _____
Hotel and Resort _____	Tree Services _____
Golf Course _____	Excavation & Hauling _____
Nursery _____	Educator _____
Farm _____	Allied Organization _____
Sod Farm _____	Allied Supplier _____

Submit to: MALP
Maui Association of Landscape Professionals
PO Box 2099
Wailuku, HI 96793

For More Information Call: 877-6636